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AUTHOR Green, G. Dorsey
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ABSTRACT

Clinical interest in lesbian mothers has begun to emerge from the closet in recent years. Culture has dictated the milieu in which lesbian parents live and has prevented most therapists from being able to respond to lesbian parenting as a healthy option. In a heterosexist world, virtually all public displays of sexuality or family life are depicted with heterosexuality in mind. Unlike racial minorities, most homosexuals grow up absorbing the prejudice without having it directed at them because they have not been aware of their sexuality. Until recently, virtually all lesbian mothers had their children while in heterosexual relationships and face a huge emotional hurdle as they come to terms with a different sexual orientation. These women may need intraphysic work focused on depression and accurate information about lesbians and their communities. Clients who already feel good about being lesbians may want help in deciding whether to have children and sorting out how to survive in mainstream society and find services that are nonhomophobic. Single and coupled lesbian parents have different problems and may need counseling. Three basic skills are needed by counselors in working with these women: basic skill within the counselor's theoretical framework, knowledge about lesbians, and an understanding of homophobia. A willingness to learn from these clients is also needed as they are creating new family structures. (ABL)

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LESBIAN MOTHERS

G.Dorsey Green

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Paper presented at the Annual Meeting of the American Psychological Association, 95th, New York, NY, August 28-September 1, 1987.

Lesbian Mothers

Clinical interest in lesbian mothers has begun to emerge from the closet in recent years. Lesbians have, of course, been parents for decades but they have been hidden behind the label of 'single mother' or in marriages where they maintain the facade of being heterosexual. Recently these women have been appearing in therapists' offices for help in coming out, in parenting, and in improving their lesbian relationships. Most of the clinicians who have worked with these clients have had to invent their own theories about how to help these mothers because there is little available in the literature. Two sources that are useful to the clinician in this task are JoAnn Loulan's chapter on psychotherapy with lesbian mothers in Contemporary Perspectives on Phychotherapy with Lesbians and Gay Men edited by Terry Stein and Carol Cohen(1986) and G. Dorsey Green's chapter on mental health considerations of lesbian mothers in Gay and Lesbian Parents edited by Frederick Bozett due out by Praeger Publishers in the fall of 1987. In this presentation I will discuss guidelines for working with different kinds of lesbian mothers and look at how homophobia can confuse the therapist's assessment of the presenting issues.

Homophobia and being out in a heterosexist society

The culture we live in has dictated the milieu in which lesbian parents live and has prevented most therapists from being able to respond to lesbian parenting as a healthy option. Because of this any discussion of lesbian mothers needs to begin with a critical look at some elements of our culture. Homophobia is the irrational fear of homosexuality in oneself and in others. Unfortunately, homophobia has moved beyond the personal and has

become institutionalized to such an extent that it is illegal in some places to be homosexual let alone to be in a relationship. It is as if someone who was afraid of heights became so powerful that they were able to ban all buildings over two stories. Heterosexism is when people assume that everyone is and should be heterosexual. In a heterosexist world virtually all public displays of sexuality or family life are depicted with heterosexuality in mind. This may be music, advertisements, or the option of marriage.

The term 'being out' refers both to whether a person is aware of her own homosexuality and to whether she has told other people.
Some people are aware of their homosexuality from a very early age, they cannot remember ever being attracted to someone of the opposite sex. Other people become aware of their attraction to someone of the same sex when they are fully grown or even in their fifties or sixties. This awareness can follow years of satisfactory or unsatisfactory heterosexual relationships or celibacy. In other words there is no guarantee of when a person will become aware of her homosexuality (or bisexuality). Regardless of when a person comes out to herself we all grow up knowing that homosexuality is bad and not a viable option if you want to be accepted and respected. So unlike racial minorities who grow up experiencing predjudice aimed at them personally, most lesbians/gays grow up absorbing the predjudice without having it directed at them. When people come out they usually get in one blast, years of this internalized accumulated hatred and homophobia without any practice in coping with it. They are also missing the support ethnic minorities give to each other as they are oppressed by common enemies.

<u>Mothers who had their children before coming out</u>

Up until the last eight years virtually all lesbian mothers had their children while in heterosexual relationships. Most were married but there

are a number who had their children as single mothers; the common denominator is that all of these women considered themselves to be heterosexual at the time they had their children. These women face a huge emotional hurdle as they come to terms with a different sexual orientation. In their eyes, if they admit to being attracted to other women they risk losing a husband whom they may love deeply, losing custody of their children, and alienating the only support community they have ever known- the heterosexual community. For those of us who have been out for a while and those of us who are firmly sure of our heterosexuality it may be hard to imagine the terror of a mother who thinks she may be attracted to another woman. It is much like standing at the edge of a cliff that has become intolerable and not being able to see how far the drop is, but being fairly sure that it is at least two miles. Until the last decade or so the mainstream heterosexual community has had no real sense of the gay and lesbian community. They have, however, read and heard that it is filled with unhappy and perverted beings. Imagine then how frightened a woman would be if she had these ideas and found herself attracted to women! As a result many of these women have remained in their marriages because of their terror. I think it is rare for a woman to come into therapy at this stage of her life unless it is to seek help in eradicating what she considers her perverted tendencies. If we do see one of these clients it is absolutely essential to provide a combined treatment approach. They may need intrapsychic work focussed on depression or other internal issue and we need to confront their homphobia as we give them accurate information about lesbians and their communities. Some colleagues have told me that they were trained in ways that do not include a psychoeducational model and that they are unsure about how to present such normative data. If this

is true for you I recommend either getting consultative help from colleagues who are comfortable with this model or referring your client to another clinician for at least that portion of her work . It is crucial that these women get this information about lesbians and lesbian mothers while they are exploring their feelings. Then it is appropriate to move into decision making or whatever other work presents itself.

There are also the lesbian mothers who knew they were lesbians before they got married but for societal, financial, familial, or other reasons they chose to get married and have children. Some have assumed that getting married would cure them. There is a phenomenal amount of social pressure on women to marry. This, coupled with the discrimination women face in the money making world, puts most women in a difficult position. Those women who had hoped to change or who had hoped just to hide come in to seek counseling when they cannot tolerate the stress any longer. These clients may also need information, books to read, contacts in the lesbian community, or support groups; but they are more likely to be at the decision making stage already. They may be depressed or anxious initially and need help working through those feelings but almost always their difficulties are directly linked to their being faced with a decision they do not want to make. Often as therapists we are comfortable when our clients explore their feelings but we become less so when they decide to act on them in ways that are not compatible with our values. At this stage it is even more important for us to be clear about our own values about lesbianism and motherhood. Can we be supportive of a client who decides to divorce her husband and become involved with her best friend? Or was it just alright when she fantasized about it ? Is she now sick? This is the third piece of the therapist's skill package that is necessary when working with lesbian

mothers. The first two mentioned above are the ability to impart normative information about lesbians (or to refer) and the taken for granted therapy skills we have for working on the client's internal issues such as anxiety. The third is the therapist needs to have worked through her/his own homophobia to ensure that we do not infer sickness when what we are really seeing is health - the client listening to herself.

When and if a woman decides to act on her attraction to another woman she moves into another phase of her coming out process. She can decide to end her marriage at this time, believing that she should not be in that relationship on false pretences or she can stay in it while involved with a woman lover. Either way she is under a great deal of stress. If she does not tell her husband she runs the risk of being caught, if she does tell him she runs the risk of a custody battle. If she asks for a divorce she may be ending a relationship that has been very positive. And she has to decide if she is willing to tell her husband why she wants the separation. Again she runs the risk of a custody battle. Chesler(1986) reports that lesbian mothers who go to trial lose custody more than 85% of the time. Few mothers are willing to risk losing their children. So, as a result, many lesbian mothers do not come out to their husbands. This often means not coming out to their children for fear of their telling their father. When a lesbian mother also has a lover, particularly a live in partner, not telling the children means not being out in her own home. And this leads to another category of issues lesbian mothers present to therapists.

Lesbian mothers who are in ongoing relationships have to decide how to manage the relationship in terms of the children. The other woman is not a step father or mother, even if the children know about the relationship. Does she parent or is she a friend to the children or will they even talk to

her? Often therapists will get clients who come in either individually or in couples complaining of trouble in their lover relationship. It is important to tease out how much of the problems are due to issues inherent in this couple or individual, such as family of origin difficulties that interfere with achieving intimacy, and how much is due to homophobia. An example of a problem due to homphobia is when the lovers are fighting because they do not spend the holidays together. This may be because the mother is not out to her exhusband and does not want to explain why her roommate goes everywhere with her and the children. In this case the therapist needs to help the couple sort out whether they are avoiding being together or are responding to a real threat of losing the children. If it is the latter then the couple will need help in figuring out how they can nurture their relationship in the face of such pressure.

Another complaint that lesbian couples with children bring is that the mother's partner does not like children particularly and may not like these children specifically. If one believes in the myth that lesbians do not like children then it is tempting to spend therapy focussing on how the "illness" of homosexuality and children do not mix. In reality,however, it is just like a heterosexual, blended family where the nonbiological parent does not like the children. The therapist then has a variety of options open: family counseling, individual work with either or both of the women, or whatever seems most appropriate given the situation. When we belive in stereotypes we severely limit our therapeutic options and we are not able to see accurately what the client's needs are.

Lesbian mothers who had their children after coming out

An entirely different challenge comes from the client who is already out, feels good about it, and wants help in deciding whether to have children

with her lesbian lover or on her own. The therapist is now talking to a woman who is on the cutting edge of motherhood. Society does not ackowledge let alone appreciate these mothers. In the last few years there has been a lesbian mother baby boom and more are joining in as the word spreads to smaller cities and towns. These women feel good about being lesbians but are still haunted by homophobia in society and in themselves. They worry about whether their children can survive in a hostile society, how they will do in school, can the mother or mothers support them, will their families love or abandon them. They are sometimes scared that their children will have a confused sexual identity. Clinicians and theorists have often answered these questions erroneously out of ignorance. Clients need to know that there <u>are</u> healthy children of lesbians and that mothers are working out ways to cope with society's homophobia. Green (1978), Kirkpatrick, Smith, and Roy (1981),Hoeffer(1981), and Golumbok, Spencer, and Rutter (1983) report that children of lesbians develop normally when compared to children of heterosexual mothers. We may be the ones who need to tell our clients these facts because the literature persists in its refusal to acknowledge these alternative options.

Once an out lesbian or lesbian couple has decided to have a child she(they) may need help in sorting out how to survive in mainstream society and find services that are nonhomophobic. It is a subtle call because so many service providers will say "It's other people's business what they do with their lives, just don't make me do it". This works until they are confronted with a lesbian with children, then they have all sorts of predjudices often couched in professional language. These can include restricting visitation if the child is in the hospital for emergency care or it may mean not acknowledging the non biological mother's right to authorize

health care even with an appropriate Power of Attorney. If a therapist has not pushed him or herself to explore homophobia she or he may make the same mistakes the health care provider has. As the child ages so, too, do the complexities of dealing with the mainstream world as lesbian parents. Schools may or may not choose to deal with a nonbiological parent, parents of friends may not let their child play with the lesbian's child, and people may blame a child's problem on the mother's being out. The most helpful stance a therapist can take when clients raise these issues as problematic in their lives is to realize that the mother's lesbianism is not the first variable to look at. It is usually not an issue at all. A school who refuses to deal with the other mother is being discriminatory; they do not challenge the mother's second husband when it is a child from her first marriage. A therapist who blames the mother's outness may be reacting from discomfort. Of course there are situations when a lesbian's sexual orientation negatively affects her child but it needs to be addressed with an eye to the probable root in society's homophobia. If there is a problem due to the mother's lesbianism or her being out she is far more likely to be open to working on it with a therapist who has demonstrated an understanding of heterosexism and homophobia in our culture. An example of a situation where a mother's lesbianism appears to be a problem is where her son wants to move out of her home and in with some heterosexual friends. It may be that she has tried to convince him he is gay and he is freaked out, or he has gotten scared that he will turn gay if he lives with her, or he may be angry that he does not have the normal life everyone else has. In the first example it is not her homosexuality that is a problem, it is her insecurity or other intrapersonal dynamic. Heterosexual parents are perfectly capable of harrassing their children to be like them,too. In the second example the boy has picked up

on one the myths that pervade especially adolescent society about lesbians and gays. In the third example the boy may have a distorted view of the rest of the families in town but he does need support in feeling his anger. While all of these situations involve a mother's sexuality none of them are because she is a lesbian and we need to be able to sort that out.

Another category of lesbian mothers is those who have adopted a child. It is not legal for two people of the same sex to adopt a child together anywhere in the U.S.A. As a result anytime a lesbian adopts a child she does it alone whether or not she is in a relationship. In the case of a couple, then, only one has legal parental rights - just as with the biological mothers and partners above. The stress of worrying about losing parenting rights often brings couples to therapy. It can take the form of the unprotected mother's feeling left out or of her sounding paranoid about losing the child in case anything happens to her partner. This could sound as if she had difficulties being close to her partner and was using this as an excuse, which could be true. But she really does have something to fear because courts have taken children away from the non legally adoptive parent regardless of her parenting abilities. And families have ignored their daughter's partner's role as parent to their grandchild. (This is equally true for the nonbiological mothers discussed above). I encourage adoptive parents not to tell people who the legal parent is so that everyone thinks of the two women as equal parents- which they are.

<u>Single vs. Coupled Parents</u>

When a lesbian parents alone she faces all the same joys and tribulations that all single mothers do. She struggles with money, work, time, and exhaustion. Single lesbian mothers usually have a well developed support network to help and in many cases it may be better thought out and

more helpful than those of single heterosexual mothers. This may be due in part to the lesbian community's being less judgemental about single mothers and also to lesbians' feeling supportive of each other as members of an oppressed minority. When and if a single lesbian mother comes in for therapy she is very likely to present issues that are directly connected to the stress of being a single parent. When she talks about her support people which are often not her biological family it is important to realize that these people are family to her in many cases and need to be thought of in those terms. Another reason one of these mothers seek counseling is for help in sorting out how to date or integrate a new lover into her family situation. Some women are nervous about how their child will adapt, just like heterosexual mothers.

Lesbian couples who have children seek out counseling for some of the same and for some different problems. Very often their sexual relationship has deteriorated during pregnancy and after the birth of the baby. Since many people equate lesbianism with being sexually active with a woman partner a prolonged period with little or no sex can be threatening to some women's sense of identitly. Available research suggests that lesbian couples tend to have lower freqency of sexual contact than other couples (Blumstein. P and Schwartz. P,1983) If a therapist compares lesbian couples to heterosexual norms then the couple can look like they have more problems than they really do. More often the decline in sexual frequency is symtomatic of the couple's exhaustion and the lack of relaxed time alone together. I have a theory that it takes approximately ten months for the stress to reach a crisis level and then another two or three months for the couple to seek counseling. Most lesbian couples with children do not rely on the roles which are more typical in heterosexual couples, they are both

mothers. As a result most lesbians do not have a time tested structure, even an outdated one, to cope with the additional responsibilities of child rearing A therapist needs to help the couple sort out whether their difficulties are due to these issues or others which are more endemic to the couple themselves. If the couple needs to restructure their time so they can nurture their relationship they may need help in dealing with guilt, since women in general have been conditioned to think children should always come first. If the couple has other problems it is appropriate to treat them as you would any other couple with children.

Lesbian mothers will be seeking out therapy in increasing numbers as they become more numerous and as mental health practitioners gain a reputation as being less homophobic. We need three basic skills as we work with these women: basic therapy skills within our theoretical frameworks, knowledge about lesbians, and an understanding of homophobia-both ours and society's. We also need a willingness to learn from these clients because they are creating new family structures that are not designed to meet conventional standards. As a result these women and children may have some wonderful wisdom for us all.

G. Dorsey Green
521 19th East
Seattle, Washington 98112

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